

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568660

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
4		1		1		1
5	1		1		1	
6	1		1		1	
7		1		1		1
8		2		2		2
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	4	←	4	←	4
TOTAL CLAIMS	←	9	←	9	←	9
		13		13		13

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

BEST AVAILABLE COPY